BITH NO. RES. DIST. NO. PRIMARY RES. DIST. NO. PRIM	FIFT MAI	R 20 1950	THE DIVISION OF HE			. 90
1. PLACE OF DEATH a. CHARLSON b. CITY of coulded corporate limits, with fifthal and give for overally provided in indictation, give size and the place of the control of the place of the	·	- 20 1000	1110			Q
D. CITY (If conside corrected luttle, with a Bifflant and gives for Name of the STAY (thus before the page of the STAY (thus before the page of the STAY (thus before the page of the stay of the page of the stay of the page	1. PLACE OF DE			2 USUAL RESIDENCE	(Where deceased lived.	If institution: reside
SOPITAL OF GENERAL HOSPITAL #2 **ADDRESS 3 108 East 19th Street Term (North Color) **DECEASED (Type or Print)** **BECASED (Ty	OR LAN	orpurate limita, write R	URAL and give C. LENGTH OF	oll OR MANGAGIO		ive township)
S. SEX S. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 8. DATE OF BIRTH 9. AGE (fr. years) of redicted in the distribution of the property of the proper	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in GENERAL	natitution, give street address or location) . HOSPITAL #2			treet Terra
MAIE NEGRO 10a. USUAL OCCUPATION CIR-stand of well double per per per per per per per per per pe			•	•	DEATH F	
DUSTRY PARIS KENTUCKY COUNTE TABORTES NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 14b. NAME OF HUSBAND OR WIFE 15c. SOCIAL SECURITY 17c. INFORMANT'S SIGNATURE OR NAME 15c. SOCIAL SECURITY 17c. INFORMANT'S SIGNATURE 17c. 17c. INFORMANT'S SIGNA	- V		7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 2877	last birthday)	
13. ACCIDENT 13. MATER TO AND THER'S MADE 13. MOTHER'S MADE 13. MOTHER'S MADE 13. MOTHER'S MADE 13. MOTHER'S MADE 14. MAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE WILLA MARE Staples 3108 East 19th APPLICATION WILLA MARE Staples 3108 East 19th APPLICATION WILLA MARE Staples 10. INTERVA WILLA MARE STAPLES 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY WILLA MARE Staples 3108 East 19th APPLICATION WILLA MARE Staples 3108 East 19th APPLICATION INTERVA ONSETA WILLA MARE STAPLES OR NAME WILLA MARE Staples 3108 East 19th APPLICATION INTERVA ONSETA INTERVA ONSET	10a. USUAL OCCUPATI	ON (Give kind of work ing life, even if retired)	DUSTRY	. 1		12. CITIZEN COUNTRY U.S.Q
Is. WAS DECASED EVER IN U. S. ARMED FORCES? (Fee, no. or unknown) (If year) (If year	130. FATHER'S NAME		13b. MOTHER'S MAIDE	<u>, w</u> D	ent Know	
IB. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, eatheria, etc. It means the discase or conditions, if any, gising DUE TO (b) "This does not mean the discase or death." ANTECEDENT CAUSES Morbid conditions, if any, gising DUE TO (b) GENERALIZED ARTERIOSCLEROSIS & MALINUTRITION DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE HOMICIDE 10	15. WAS DECEASED EV	if yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO	Willa Mae Stap		ast 19th T
21a. ACCIDENT SUICIDE SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (COUNTY) (SI SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NAT WORK 21f. How did injury occurs 21f.	line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	ANTECEDENT C. Marbid condition rise to the above c the underlying can 11. OTHER SIGNI Conditions contril related to the disea	AUSES s, if any, giving DUE TO (b) GE ause (a) stating	SATION NERALIZED ARTERIC LAUTRITION		WITH
SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 2-13-, 19 50, to 2-14-, 19 50 that I last saw the alive on 2-14- 19 50, and that death occurred at 5:45A a.m., from the causes and on the date stated above. 23a. SIGNATURE Frank Eller (Degree or title) 23b. ADDRESS 600 East 22nd Street 2-14 24a. BURIAL. CREMA- 24b. DATE NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City; town, or county) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 25. FUMERAL DIRECTOR'S, SIGNATURE 25. FUMERAL DIRECTOR'S SIGNATURE 25. FUMERAL DIRECT	19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION		42	YES 🗌
WHILE AT WORK NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 2-13-, 19 50, to 2-14-, 19 50 that I last saw the alive on 2-14-, 19 50, and that death occurred at 5:45A m., from the causes and on the date stated above. 23a. SIGNATURE 23b. ADDRESS 600 East 22nd Street 2-12 24a. BURIAL, CREMA- ZAB. DATE RAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) TION, REMOVAL (Breatly) Feb-24-50 Highland 1.2 Cemetery Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg.	SUICIDE		home, farm, factory, street, office bidg., etc.	2	To the second second	NTY) (STA
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248. BURIAL. CREMA. ZAB. DATE TION. REMOVAL (Specify) Feb 24-50 Highland Centery Consocity, M DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-11-50 Chalding Holman Test, Ophillon & Jones C. C. C. C. C. C. C. C. C. C	alive on 2-1	, 19_	0, and that death occurred at	5:45A m., from the car		e stated above.
2-21-50 Thealding Holmes Trust Oppleton & Jones 17.C.	24a. BURIAL, CREM TION, REMOVAL (Breat	A 246. DATE 5' Feb-2	SAME OF CEMETE Highland	600 East 22nd RY OR CREMATORY 24d. L 2 Le m Clery 1	OCATION (City; town,	Mo
fortunation material a februarium and anticipal bands to the			dine Holmes	Trest Opple	on o Jone	o/Te

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rever	rse side of this c	ertificate was embalr	ned by me, or by	-
vorking under my personal supervision.	<i>^</i>	Student Embalmer	* to	**************************************

Licensed Embalmer No. 27/0

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN. HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.